

Foster Family Home - Corrective Action Report

Provider ID: 1-090107

Home Name: Thelma Tugaoen, CNA

Review ID: 1-090107-11

91-1515 Pihi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/4/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;


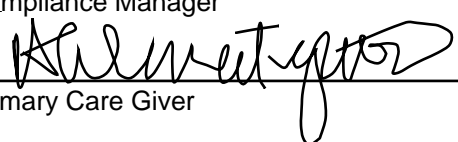
Comment:

54.(c)(2) Service plan for client #1 service plan date 3/2019 has call bell within reach but there is not call bell.

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since 2/1/2021 for all 3 clients

54.(c)(5) Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred

MAR has not been filled out since 2/1/2021 for all 3 clients


Compliance Manager

Primary Care Giver

2/4/21
Date
2/4/21
Date